

State of California **Department of Industrial Relations** Division of Apprenticeship Standards www.dir.ca.gov/DAS/ElectricalTrade.htm



Electrician Certification Program

APPLICATION FOR RENEWAL OF REGISTRATION OF = ELECTRICIAN TRAINEE =

Trainee Number: T -			
Name: Last:	Sfx: First: _		Initial:
Other names as Electrician within previous 5 years:			_
Drivers License or State ID #:	D/L State:	Birthdate	e:/
Please PRINT or ty	pe all information in INK		MM DD YYYY
Mailing Address:			
City:	County:		
State: Zip:	E-Mail:		
Day Phone:/	Evening Phone	e:	
(Check one box and enter	er school number and	name below))
I certify that I am Enrolled in / have Cor	mpleted Approved Curri	culum classw	ork at:
School No.: School Name (printed): _			
Attach a copy of the transcript or completion form show	ing Approved Curriculum o	classwork comp	pleted during the prior year.
Current Electrical Employer (if anv) Name:			
Address:			
City:); -
C.S.L.B. C10 License No.:			
I have hours of on-the-job Electrica			
This registration must be renewed ann	ually until you become	certified or le	ave the trade.
There is no fee for Ele	ectrician Trainee annual	renewal.	
Signature:		Date: _	
I certify under penalty of perjury that all s			
Keep a copy of this signed applic	cation and all attachmer	nts for your re	cords.
	ations will NOT be appro m with all required attacl		
Division of Apprenticeship Standa PO Box 420603	ords Attn: Electr San Francisco, CA 9	ician Certific 4142-0603	eation Unit
(For Office Use) Approved by:	Page	:1 of 1	Form DAS-ECF5 (08/2006)